Health-Promoting Schools

Background Paper for the Health-Promoting Schools Forum
Vancouver, BC

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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-World Health Organization, 1994

Purpose

The Government of British Columbia is firmly committed to enhancing the health and education outcomes of all BC's children and youth. This includes the goal of significantly improving the health of its citizens by 2010.

> *The purpose of the British Columbia school system is to enable all learners to develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy, democratic and pluralistic society and a prosperous and sustainable economy.*

By adopting a health-promoting schools approach, the British Columbia school system has a unique opportunity to enhance the health and learning capacities of all British Columbian students. The purpose of creating a conceptual framework for health-promoting schools is to provide guidance to school boards, schools, health authorities, and communities and to support them in developing policies and practices that can promote both health and learning. The framework will be a reference document for both schools boards and health authorities so they may build relationships that support and strengthen the good work that is currently happening in schools.

The concept of health-promoting schools emerges from a global movement that recognizes two key ideas: healthy children are better able to learn and schools can directly influence the health of students. A health-promoting school embraces the view that promoting children's health is a shared responsibility with parents, the health sector, and the community. It strives to be a healthy setting for learning and working. Schools, in partnership with parents and the greater community, can provide an ideal setting for practices that enhance both health and learning.

The framework is intended to facilitate discussion among school, health, and non-governmental sectors and to support the school system in developing policies and practices that create and maintain school environments that promote children's health. The framework model consists of three domains:

- teaching and learning,
- school environment, culture and organization, and
- partnerships, supports, and services.

Each of these three domains is essential to developing, maintaining, and contributing to a health-promoting school. The framework will pose questions that can be used to facilitate discussion among education, health, and non-government sectors and prompt actions that will lead to improving policies and practices to support the health and learning of all BC children and youth.

Background

Much attention is paid to the teaching/learning processes in our schools. The assessment of and for learning and improvement in student achievement dominate educational

discourse. We expect our schools to be places for learning with their primary focus on student achievement.

The expectation on schools to prepare students to be healthy citizens, however, is less clear. If our schools were to promote health to the extent that they do learning, the implications would be significant not only in terms of immediate benefits but also in relationship to substantial long-term gains. A well-educated and healthy population provides us with the ability to raise the standard of living and increase the quality of life in our province.

Jurisdictions world-wide have identified the school as an ideal setting for influencing the healthy behaviours of children and youth, thereby enabling them to take greater advantage of the opportunities for learning and development that exist within the school. A range of research supports the fact that healthy children are better able to learn. Children and youth cannot achieve their fullest potential as learners if they are not healthy.

> *The extent to which a nation's schools become "health-promoting schools" will play a significant role in determining whether the next generation is educated and healthy.*
> --Jack Jones, World Health Organization

While it makes intuitive sense that children and youth who are healthy learn more readily, the reciprocal is also true: schools influence students' health. At school, students attain knowledge and skills to help them make healthy choices. The physical environment and social climate of a school influence students' emotional and physical health.

The Ministry of Health Services and the Ministry of Education have identified the school as an ideal setting for enabling learners to develop life-long healthy behaviours that will assist them in achieving their individual potential and contributing to a healthy society. A health-promoting school framework can help provide a vision and direction for creating policy and action that strengthens both the education and health of students today and in the future.

The BC Context

In discussions about health-promotion in the school setting, it is important to know the context in which the January 14, 2005 forum fits.

In 1989, the mandate for the school system in British Columbia was established in regulation. This included a "statement of policy order," laying out the mission and general policies for the school system. One of the key policy areas is called human and social development. Prominent in this policy is the development of and understanding of physical health and well-being:

> British Columbia policy sets out three goals for public schools:
> - *intellectual development—supported by family and community*
> - *Human and social development—shared with family and community, and*
> - *Career development—shared with family and community.*
>
> The goal of human and social development is further described:
> *"To develop an understanding of the importance of physical health and well being...."*

During the 2001-2003 review of graduation requirements, participants in various stages of consultation contributed to a description of the attributes we would want all graduates to achieve:

- *The knowledge and skills required to be socially responsible citizens who act in caring and principled ways, respecting the diversity of all people and the rights of others to hold different ideas and beliefs...*
- *The attitudes, knowledge, and positive habits they need to be healthy individuals, responsible for their physical and emotional well-being....*
  (The Graduation Program 2004, BC Ministry of Education)

All students in British Columbia public schools are expected to meet the prescribed learning outcomes of the BC curriculum and develop knowledge, skills, and attitudes about health. British Columbia students learn how to make healthy choices through a variety of required courses: *Personal Planning* K to 7, *Career and Personal Planning 8 to 12, Physical Education K to 7*, and *Physical Education 8 to 10.* The 2004 Graduation Program course, *Planning 10*, which is already being implemented across the Province, emphasizes healthy decisions, appropriate to secondary school students. Students are for the first time required to address health during Grades 11 and 12 in their Graduation Portfolios in order to graduate. For example, students are required to perform and document 80 hours of physical activity during grades 11 and 12.

During 2003-2006, the Ministry of Education is working with partners to revise the curricula that address health-related learning. The expectations for all students will be more clearly articulated to help teachers who are responsible for teaching these curricula. For example, the *Physical Education* curricula are being revised with a stronger emphasis on physical activity and helping students develop an enjoyment of and commitment to lifelong activity. *Personal Planning* and *Career and Personal Planning* curricula are being reorganized from kindergarten to Grade 9 with a greater emphasis on health. Even the new names will include the word "health"—*Career and Health Education* is the working title at this stage of the revision.

In December 2004, the Honourable Tom Christensen, Minister of Education, advised school boards that he wanted to know their progress toward healthy choices in food for sale in schools. In 2005/2006, the Ministry of Education and the Ministry of Health Services will provide schools with guidelines for healthy and unhealthy foods to assist boards in these efforts. The Minister intends to work with boards and businesses to achieve the goal of having no unhealthy foods for sale in schools by 2008/2009.

The Ministry of Health, in partnership with the Ministry of Education, has made significant investment in Action Schools!BC, a research-based strategy to help school communities become more physically active. The research phase of this initiative has been very positive, showing significant health benefits. The healthy eating aspects of Action Schools!BC will be strengthened in its broader implementation. The Premier has committed to improving student health by the year 2010 through the expansion of Action Schools!BC.

These and the framework that is under development in 2004/2005 are all elements of an action plan for healthy students.

How healthy are our students?

Major health problems in Canada and other developed countries are largely preventable and attributable to the following six categories of risk behaviors:

- Physical inactivity
- Poor dietary habits
- Tobacco use
- Alcohol and other drug misuse
- Behaviours that lead to intentional and unintentional injuries
- Behaviours leading to sexually transmitted diseases

An abundance of information exists in other publications on the health status and health behaviours of school age children in Canada. This section provides a general overview of the major findings and describes the trends in child and youth health in British Columbia and Canada.

This information should be viewed from the perspective that most young people are healthy, exercise regularly, feel close to their families, enjoy school, and have aspirations for the future. Most appear to cope rather well with the transition through adolescence. Some, however, fare less well and experience difficulties that may translate into health compromising behaviours that increase their risk of experiencing negative health outcomes.

The following table presents findings reported in 2003 by BC's Provincial Health Officer on the health behaviours and risk practices of young people in British Columbia.

Some troubling statistics tell us that over half of the youth in British Columbia are inactive. Less than half of our youth eat sufficient fruits and vegetables for optimum health. Very troubling is the fact that almost one in five youth report binge-drinking in the past year. Marijuana use is also an area of concern. Although smoking has decreased provincially, this is not uniform across regions and cultural groups.

Prevalence of Selected Risk Behaviours Among BC Children and Youth

Health Behaviour Indicator	Percentage Exhibiting Behaviour	Comparison to National Average
% of youth (12-19 yrs.) not active enough for optimal growth and development	58%	Same as national average
% of youth (12-19 yrs.) who consumed <5 servings of fruits and vegetables/day	61%	BC youth consume fewer fruits and vegetables than national average
% of youth (10-12 yrs.) in *Action Schools!BC* study who are overweight or obese	36% boys 24% girls	unknown
% of youth (15-19 yrs.) who smoke daily	10.1% boys 10.6% girls	Fewer BC youth smoke than national average
% of youth (12-19 yrs.) who report drinking 5+ drinks (binge-drinking) at least once in the past year	21.4%	BC youth drink less heavily than national average
% of youth reporting cannabis use in the past year	58% of Grade 12 students 20% of Grade 8 students	More BC youth use marijuana than national average
% of Grade 12 students who are sexually active	45%	Fewer BC Grade 12 students are sexually active than national average
Teenage (15-19 yrs.) pregnancy rate	45 per 1,000 women	More BC teenagers become pregnant than national average

The 2004 McCreary Centre Society report on adolescent health in BC identified a number of positive changes since the previous survey done five years earlier. Specifically, the document reported that:

- Almost 9 out of 10 BC teenagers stated they were in good or excellent physical health and many participated in physical exercise.
- Fewer younger adolescents were sexually active and among those teenagers who were sexually active, more were practicing safer sex.
- Substance use (alcohol, marijuana, and harder drugs) has decreased slightly.
- Drinking and driving has decreased among licensed drivers.
- Physical and sexual abuse of youth has declined, especially the number of girls reporting sexual abuse.

While these findings are encouraging, other findings in the McCreary research continue to present challenges:

- Less than half of the secondary school students surveyed always feel safe at school.
- More youth are overweight or obese than a decade ago.
- Almost one in ten youth ran away from home in the past year and as a result are at greater risk of being abused, attempting suicide, becoming pregnant or experiencing substance misuse.
- Almost half the girls who are a healthy weight think they are overweight.
- Many students continue to face harassment and discrimination.
- One third of youth were injured seriously enough in the past year to need medical attention.
- The percentage of boys who are heavy marijuana users continues to increase.

Such health-compromising behaviours may occur as a result of settings or conditions that predispose, enable or reinforce risky health practices. This includes circumstances such as living in poverty, or living in families where there is unemployment or under-employment, having concerns for physical safety or simply not having access to healthy food choices and a safe place to be physically active.

Health-promoting schools can have a positive impact on some of these circumstances and provide protective support for others.

...we need to recognize that behaviour occurs within the context of social, political and economic systems...if you don't have access to healthy food, you can't choose it. If you don't have access to opportunities for physical activity, you can't choose it. This is a key concept that underlies all of health promotion.

-Trevor Hancock, MD in *The path to health and wellness* (2004)

Why Health-Promoting Schools?

What can the role of schools be in influencing the health and well-being of students and what benefits exist to having schools play this role?

Traditionally, schools have been viewed as a place for learning—for instilling the knowledge and skills necessary for young people to either go on to further education or training or take on meaningful employment. At the same time, school settings, and the way the public health sector interfaces with them, provide one of the most important opportunities for promoting health.

Does the school have a role?

Health and learning are interdependent. Children who are sick, tired and afraid have trouble learning (Allensworth, 1993).

Conversely, cognition, concentration, and cooperation are all enhanced when students are healthier (Kolbe, 1985)

The links between the health and well being of students and their educational achievements have long been recognized. Health affects children's learning, their level of education attainment, and their capacity to pursue lifelong learning. Education has a major impact on people's future well-being and economic success. Education is critical to people's social and economic position and thus their health. A low level of education is associated with poor health status.

The school years are a time of rapid individual and social development, where behaviours are formed. Along with the home, the school is one of the main settings for the formative stages of a child's development. As the Provincial Health Officer's annual report in 2003 states, "Of the four major systems of influence—family, friends or peers, school and community—the school is the only one that is an organized public institution amenable to being structured and mobilized to promote societal goals."

The experience of attending school provides unique opportunities for promoting the health of young people over a continuous period thirteen years. School is the setting where children have the opportunity to systematically explore their ideas about healthy living along with other children with the support of professional educators. With increasing numbers of children and youth living in stressful environments, schools are often the only stable influence in the daily lives of many children. The school years coincide with significant developmental phases when students are particularly vulnerable to health-compromising behaviours such as unhealthy eating, lack of adequate physical activity, smoking, alcohol and other drug use, and risk-taking behaviours.

Schools have been shown to have a major protective influence on the health of young people. For example, adolescents who feel connected to their school communities are less likely to engage in risky activities than those who feel disconnected from their school.

The World Health Organization advises that schools provide opportunities, over a sustained period of time to:

- enhance protective factors
- reduce risk factors
- impact on the complex interplay between socio-economic and environmental determinants of health status.

"An effective school health program…can be one of the most cost effective investments a nation can make to simultaneously improve education and health."

--Dr. Gro Harlem Brundtland, Director General. WHO. April 2000

What are the benefits?

The *School Act* articulates purpose of the British Columbia school system—" to enable all learners to develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy, democratic and pluralistic society and a prosperous and sustainable economy." To achieve this purpose, the school systems need to create and maintain conditions that foster learning for all students and promote healthy choices.

The British Columbia Provincial Health Officer states, "The knowledge, attitudes, and behaviours established in childhood and youth have significant implications for behaviours and circumstances in later life." Research findings indicate that well-planned and implemented school health promotion activities will make real impacts on the complex social factors responsible for inequalities in health. They will also have a substantial *social impact* on communities by reducing unnecessary social problems now and in the future.

Although economic impact studies have not addressed all aspects of health promotion, studies have shown cost effectiveness of school health promotion in tobacco use, substance abuse and sexuality education.

Health-promoting schools involve the health sector and strong inter-agency links. When schools integrate what they do with childcare services, family support systems, juvenile justice and protective services, they are more effective in addressing together the determinants of health.

Programs which are comprehensive, integrated and holistic and which embrace aspects across the curriculum, the environment and the community, are more likely to lead to advancements in the health of school children.

The International Union for Health Promotion and Education tells us that the conditions for successful programs include:

- An organizational culture that promotes a safe, healthy learning and working environment for students and education staff
- An environment that fosters partnerships within the school and greater community
- Interventions that are substantial and sustained over several school years, and relevant to changes in young peoples' social and cognitive development
- Decision-making processes that give voice to all members of the school and greater community and respects their contribution.

Conversely, failed programs are characterized by those that are developed in response to perceived crises, especially if accompanied by scare tactics and preaching. "Feel-good" initiatives based solely on external speakers or presentations with little further involvement of the school community do not have a long term effect on student

behaviours. Programs that are poorly coordinated or have limited involvement from the greater community show little effect.

While schools are an ideal setting to significantly impact positive health outcomes of British Columbia's children and youth—and adults in school settings as well— they cannot do this alone. The responsibility for making school a setting for health promotion and prevention is a shared one. Families, health authorities, human service providers, non-government organizations and the broader community, along with students and school staff all have a part to play in promoting health and preventing negative health outcomes.

What is a health-promoting school?

In the 1980's the United Nations set goals of "Health for All" and "Education for All". These goals are inseparably linked, and therefore need be achieved together. The evolution of school health from a simple disease prevention program a century ago to a complex, coordinated, school health program today has been guided by the five principles defined by the Ottawa Charter on Health Promotion. The Ottawa Charter proposed in 1986 cites five action based principles for health promotion:

- create supportive environments;
- develop personal skills;
- reorient health services;
- strengthen community action; and
- build healthy public policy.

The application of these principles to health promotion in a school setting has become known as the "health-promoting school". A health-promoting school fosters and applies a philosophy of health and learning across activities. It encourages cooperation and strong partnerships among health and education agencies, non-governmental organizations and the private sector in its efforts to make the school a healthy place.

Schools that promote health strive to provide healthy physical and social environments, effective teaching and learning to achieve knowledge and skills needed to be healthy, and partnerships with health sector and other community services that contribute to wellness. Ideally, health-promoting schools have policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success, and acknowledge good efforts, intentions and personal achievements of all students.

A health-promoting school is characterized by the presence of comprehensive and sustainable policies and practices that have input from partners within the school and greater community. The health-promoting schools approach is both goal and process-oriented.

As one example, a health-promoting school can positively impact on both learning and health by providing a nutritious lunch or breakfast for vulnerable children and youth. Numerous studies have found that even moderate under-nutrition can harm children's cognitive development and school performance. When children are hungry or under-nourished, they have difficulty resisting infection and therefore are more likely than other children to become sick, to miss school, and to fall behind in class; they are irritable and have difficulty concentrating, and they have low energy, which can limit their physical activity. Hungry children are at greater health risk and don't learn well.

As another food-related example, a health-promoting school makes sure that students have access to healthy choices among foods for sale at school. If healthy choices are to become easy choices, then schools need to provide students with ready access to nutritious food selections. Adults in health-promoting schools act as strong role models for their students by their food selections as well.

The health of adult British Columbians is shaped by the circumstances experienced and the patterns of behaviour established in early life, including childhood and adolescence. A growing body of research supports the potential for substantial health gain across the life cycle through strategic investment in the health of children and young people. The school setting, and the way in which the public health sector interfaces with it, provides one of the most important opportunities for promoting health.

By adopting a health-promoting schools approach, the British Columbia school system has a unique opportunity to enhance the health and learning capacities of all British Columbians who learn, teach, or work in the education system.